

As a below named inventor, I hereby declare that:

This declaration is of the following type:

(check one applicable item below)

original

design

\_\_\_\_\_ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part do not check next item; check appropriate one of last three items.

X national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED  
PAGE FOR DIVISIONAL, CONTINUATION OR CIP.

divisional

continuation

continuation-in-part (CIP)

**WARNING:** If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insulation Module, System and Method for Installation and Manufacture

the specification of which: (complete (a), (b) or (c))

(a) \_\_\_\_\_ is attached hereto.

(b) x was filed on 26th April, 2001 as Serial No. 0 /

or \_\_\_\_ Express Mail No., as Serial No. not yet known  
\_\_\_\_ and amended on \_\_\_\_ (if  
applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(c) x was described and claimed in PCT International Application No. PCT/AU99/00922 filed on 25th October, 1999 and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

#### ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. § 1.56(a).

\_\_\_\_\_ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

#### PRIORITY CLAIM

I hereby claim foreign benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) \_\_\_\_\_ no such applications have been filed.

(e) x such applications have been filed as follows.

NOTE: Where items (c) is entered above and the International Application which designated the U.S. claimed priority check item (c), enter the details below and make the priority claim.

#### EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
Australia	PP6738	26.10.1998	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

#### ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

# POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

William H. Elliott, Jr.	Reg. No. 17,882
John T. Synnestvedt	Reg. No. 18,117
Charles H. Lindrooth	Reg. No. 20,659
Alexis Barron	Reg. No. 22,702
Joseph F. Posillico	Reg. No. 32,290
Albert L. Free	Reg. No. 16,705
Irving Newman	Reg. No. 22,638
Lisa B. Lane	Reg. No. 38,217
Naomi S. Biswas	Reg. No. 38,384
Mark A. Garzia	Reg. No. 35,517
Patrick J. Kelly	Reg. No. 34,638
Synnestvedt & Lechner	Reg. No. 11,101

12.

(check the following items, if applicable)

Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:  
(Name and telephone number)

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Irving Newman, Esq.  
(215) 923-4466

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Full name of sole or first inventor <sup>1-00</sup> Milivoj Vujic  
Inventor's signature *[Signature]*  
Date 10/17/2001 Country of Citizenship Australia  
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Post Office Address 24 Wheyland Street, Willagee, W.A. 6156. Australia.

Full name of second joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_